Living Your Life (Bedfordshire) CIC

Student Counsellor Application

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| First Name: Surname: |
| Home Address: |
| Email Address: please do not give your professional/place of employment email address. |
| Telephone number: (Home) (Mobile) |
| Preferred method of contact: email / home phone / mobile |
| Do you speak languages other than English, (including BSL) and how proficiently? |
| Which counselling course are you currently studying, with which college, and when is your expected date of qualification? |
| How many counselling hours to you have to date:   * With adults * With CYP |
| How many placement hours do you need:   * In-person * Online * By phone |
| What is your counselling modality: person-centred / integrative / CBT / psychodynamic /etc? |
| What is your availability for counselling? Please indicate whether in-person, online or by phone.   |  |  |  | | --- | --- | --- | | **Day** | **Time of first appointment** | **Time of last appointment** | | Monday |  |  | | Tuesday |  |  | | Wednesday |  |  | | Thursday |  |  | | Friday |  |  | | Saturday |  |  | |
| What is your availability for supervision – remember, as a student you need individual supervision for one hour twice a month.   |  |  | | --- | --- | | **Day** | **Time** | | Monday |  | | Tuesday |  | | Wednesday |  | | Thursday |  | | Friday |  | |
| Which professional body do you hold membership of? |
| What counselling experience do you already have (hours and placements)? |
| Please describe why you are interested in working for Living Your Life (max 200 words) |
| What do you feel are your key skills and qualities (max 200 words) |
| What support would you like to receive from supervision? (max 200 words) |

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| **References** |

Please give the names of two referees who have known you for at least two years. At least one of these should be your tutor, who can comment professionally on your potential to work for us. Referees cannot be family members, relatives or partners. We will not approach your referees until you have been offered a provisional place.

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| Referee 1 | Referee 2 |
| Name: | Name: |
| Role and responsibility: | Role and responsibility: |
| How is this person known to you and for how long? | How is this person known to you and for how long? |
| Contact Address: | Contact Address: |
| Contact email address: | Contact email address: |
| Contact Telephone Number: | Contact Telephone Number: |

Please return your completed application to Catherine Mulcaster by email: [catherine@livingyourlife.org.uk](mailto:catherine@livingyourlife.org.uk)

Please password protect your document before emailing it over and send over a separate email with the password.